APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED SUPERVISOR OF ELECTIONS LEON COUNTY, FLORIDA

2021 NOV 30 P 3: 20

NOTE: This form must be on file with the qualifying

officer before opening the campaign account.								OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(ES):										
✓ Initial Filing of Form F	e-filing to Change:	П	reasurer/	Deputy	☐ De	pository		Office		Party
Name of Candidate (in this order: First, Middle, Last) Adner Marcelin				Address (include post office box or street, city, state, zip code) S581 Coyote Creek Drive						
The state of the s	nail address Iner@gmail.con					nassee, Florida 32301				
6. Office sought (include district, circuit, group number) Tallahassee City Commission - Seat 85				7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partisan</u> o	ffice, check block	and fill	l in name	of party	as appl	icable:	My inte	ent is to rur	n as a	
Write-In No Party Affiliation							Par	rty cand	lidate.	
9. I have appointed the followin	g person to act as	s my	X Ca	mpaign Tr	reasurer		Deputy	y Treasure	r	
10. Name of Treasurer or Deputy Treasurer Tiffany V. Mount, Esq.										
11. Mailing Address 1041 Longstreet Dr.				12. Telephone (850) 339-7723						
and the second s	14. County 15. See Leon FL			tate 16. Zip Code 17. E-mail address mountesq@gmail.com						
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank Self-Help Credit Union			20. Address 3515 Maclay Blvd. S.							
21. City Tallahassee	22. County Leon			23. Sta Florida				24. Zip C 32312	ode	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.										
25. Date November 30, 2021 26. Signature of Candidate X										
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I,, do hereby accept the appointment (Please Print or Type Name)							nt			
designated above as:		Freasure	er [Deputy	Treasure	er.	\bigcirc			
November 30, 2021 X										
Date Signature of Campaign Treasurer or Deputy Treasurer										

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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SUPERVISOR OF ELECTIONS LEON COUNTY, FLORIDA

2021 NOV 30 P 3: 20

NOTE: This form must be officer before opening the			lifying						OFFIC	E USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form		i): filing to Change:	_ т	reasurer/	Deputy	☐ Depo	sitory		Office		Party
Name of Candidate (in t Adner Marcelin	his order	: First, Middle, L	ast)	code 3581	Coyote	Creek D	rive	oox or s	treet, city,	state,	zip
4. Telephone (850) 284-9880		il address er@gmail.con	n	Talla	hassee, I	Florida 3	32301				
6. Office sought (include district, circuit, group number) Tallahassee City Commission - Seat \$5 My intent is to run as a Write-In candidate.											
8. If a candidate for a part	<u>isan</u> offi	ce, check block	and fill	l in name	of party a	as applica	able:	My inte	ent is to ru	n as a	
Write-In No F	Party Affil	iation						Pa	rty can	didate.	
9. I have appointed the fo	llowing p	person to act as	s my	Ca	mpaign Tre	easurer	\boxtimes	Deput	y Treasure	ər	
10. Name of Treasurer or D Adner Marcelin	eputy Tro	easurer									
11. Mailing Address 3581 Coyote Creek Drive 12. Telephone (850) 284-9880					80						
13. City Tallahassee	14. Co Leon	ounty	15. Sta		3. Zip Code 301	1		ddress gmail	.com		
18. I have designated the	followin	g bank as my		Prim	ary Deposi	tory	X s	econda	ry Deposi	tory	
19. Name of Bank Self-Help Credit Union				20. Add 3515 M	ress laclay Blv	/d. S.					
21. City Tallahassee		22. County Leon			23. Sta Florida				24. Zip C 32312	ode	
UNDER PENALTIES OF PERJUIDESI		ARE THAT I HAVE OF CAMPAIGN DEI								EASUR	ER AND
25. Date November 30, 2021	processor and a tributor parameter			26. Sign	nature of C	andidate	e				
27. Treasure		ptance of Appo		t (fill in th	e blanks a	nd check	the ap	propriat	e block)		
ĺ,		dner Marcelir				, do	hereb	у ассер	t the appo	intmen	ıt
designated above as:	(Pleas	e Print or Type I			1 Donute:	Transuras					
designated above as:	 	Campaign T		er 🔀	J Deputy	Treasurer.					
November 3			X	Signatu	re of Camp	aign Trea	surer	or Depu	tv Treasu	rer	

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED SUPERVISOR OF ELECTIONS LEON COUNTY, FLORIDA

2021 NOV 30 P 3: 20

I, Adner Marcelin	
candidate for the office of	Tallahassee City Commission - Seat 35
have been provided access	s to read and understand the requirements of
Chapter 106, Florida Statu	ites.
1	
x d l	November 30, 2021
Signature of Ca	

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).